

## **DENTAL CIGNA PPO**

### **FREQUENTLY ASKED QUESTIONS**

**How do I find a dentist in the network?**

Consult the on-line Find a Dentist at this web site address [www.cigna.com](http://www.cigna.com) or call this telephone number 1-888-336-8258 or pick up a list at the benefits office.

**Do I have to select a dentist that is in the network?**

No, you select any dentist you want.

**How is the dentist reimbursed in-network?**

His payment is based on contracted fees and the cost savings is passed to you and Fermilab.

**Will I have to pay more if I visit an out-of-network dentist?**

If the dentist you select charges fees that are higher than CIGNA PPO deems is reasonable and customary, you will be responsible for the difference.

**How can I obtain a pre-determination of benefits?**

Your dentist should submit a proposal of the treatment plan to Cigna's claim office. The claim office will send your dentist an explanation of benefits specifying what will be covered and for what dollar amounts.

**How are bills paid?**

A claim form would have to be submitted either by you or the dentist. You are responsible for filling out the top portion of the form and the dentist is responsible for the second portion of the form. Payment will be made directly to you or to the dentist based on what you authorize on the claim form.

**How will I know the amount of the payment if I authorize on the claim form for the payments to be made directly to the dentist?**

You will receive an explanation of benefits that will state how much was paid for services rendered on each specific date.

**Is there a deductible?**

Yes, the annual deductible is \$50 per person and up to \$150 for three family members per calendar year.

**Is the deductible applied to every class of benefit?**

No, the deductible applies to Class II and III.

**What is covered under each class and how many are there?**

Class I – Preventive and Diagnostic Care  
Class II – Basic Restorative Care  
Class III – Major Restorative Care  
Class IV – Orthodontic Procedures

**What is covered under each class?**

Please refer to the URA/Summary Plan Description under the dental section on pages 3-4 for detailed information. This is also available on the Fermilab website at <http://lss.fnal.gov/benedept/forms.html>

**What is the maximum per calendar year that I can receive of dental care under this plan and under which classes?**

The maximum the plan pays for classes I, II, and III is \$2,000.

The summary information presented in these frequently asked questions is intended to describe the medical and dental plans sponsored by Fermilab. It is based on plan official documents. Even though this summary is intended to be accurate, the official documents contain all of the specific provisions of the plans. If there are any discrepancies between this summary and the official documents, the official documents will govern. Nothing on this web site says or implies that your participation in the plans is a guarantee of your continued employment with Fermilab. Nor is it a guarantee that participation in the plans will exist or remain unchanged in future years. Fermilab has the right and sole discretion to suspend, amend, or terminate the plans at any time in any matter to the extent permitted by law.